

(Revised: May 2016)

Sean R. Cronin Senior Deputy Commissioner

DISTRICT INFORMATION FORM Name of District: Office Address: Mailing Address: (if different from office address) Telephone: Fax: Manager or Superintendent: Daytime Telephone: Clerk or Secretary: Daytime Telephone: District Treasurer: Daytime Telephone: E-mail address: District Accountant: Daytime Telephone: The names and titles listed above are complete and accurate to the best of my knowledge. Date District Clerk / District Secretary Please complete this form and mail to: **Division of Local Services Public Finance Section** PO Box 9569

Supporting a Commonwealth of Communities

Boston MA 02114-9569